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|-----------------------------|-----------------------------------|--------------|------------------------|---|

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None

\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/27/2004

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY | SHEETS       | TOTAL        | INDEPENDENT |
|---------------------------------|---|---------------------|--------------|--------------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | IL                  | DRAWING<br>4 | CLAIMS<br>20 | CLAIMS<br>3 |
| Verified and<br>Acknowledged    | Examiner's Signature<br>Initials  |                     |              |              |             |

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## TITLE

Network support for mobile handset screen customization

|            |  |
|------------|--|
|            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT  |